

Thomaston-Upson County School District  
Upson-Lee High School  
268 Knight Trail  
Thomaston, GA 30286  
706-647-8171  
Send records to: FAX 706-646-9380

Records Release Request

Information is requested from: Previous School: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Current Grade \_\_\_\_\_

The following records are requested:

<input type="checkbox"/> Transcript-Required for Grades 9-12	<input type="checkbox"/> Copy of Withdrawal Form
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Copy of Last Report Card (if available)
<input type="checkbox"/> Copy of SSN Card	<input type="checkbox"/> Discipline Records-To include tribunal results (if available)
<input type="checkbox"/> Immunization Records	<input type="checkbox"/> Attendance Records
<input type="checkbox"/> Ear, Eye, and Dental Form	<input type="checkbox"/> Standardized Test Scores
<input type="checkbox"/> SST,RTI,EIP, Gifted Records/Services-Requests for 504 plan or IEP will be sent separately	
<input type="checkbox"/> English Language Proficiency Statues (LEP,ESOL, or ESL)(if applicable)	

Does this student have an IEP? YES or NO

Does this student receive speech services? YES or NO

Does this student receive gifted services? YES or NO

I hereby authorize Upson-Lee High School to obtain pertinent information concerning the above named student for educational purposes.

\_\_\_\_\_  
Parent or Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Parent or Guardian Signature

Sent by:

Sent date: